SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) (d of the	OR LINE NUMBER: PAGE 97 OF 98 check only one) X 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Olson for Congress Committee			
Full Name (Last, First, Middle Initial) A. Ms. Judy A. Boyd			Date of Disbursement
Mailing Address 3815 Kiamesha Dr			02 05 2015
City State Zip Code Missouri City TX 77459-4418			Amount of Each Disbursement this Period
Purpose of Disbursement Transportation / Mileage reimbursement 1/23 Candidate Name			6.78 Transaction ID : BD2BB0461E00D4665B87
Office Sought: House Senate President Disbursement Formany Other (Category/ Type	[MEMO ITEM]
State: District: Full Name (Last, First, Middle Initial)			
Ms. Judy A. Boyd Mailing Address 3815 Kiamesha Dr			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Missouri City TX	Zip Code 77459-4418		Amount of Each Disbursement this Period
Purpose of Disbursement Transportation / Mileage reimbursement 1/23			7.59 Transaction ID : B15136BDE6A7146B7ABA
Candidate Name		Category/ Type	[MEMO ITEM]
Office Sought: House Senate President State: Disbursement For Disburs			
Full Name (Last, First, Middle Initial)			
D.			Date of Disbursement
Mailing Address			M " M
City State Zip Code			Amount of Each Disbursement this Period
Purpose of Disbursement			,,
		Category/ Type	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

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